

15274

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 3 1944

Registration District No. 3 B 14

Primary Registration District No. 5804

Registrar's No. 23

1. PLACE OF DEATH:

(a) County. Monroe

(b) City or town. Rural Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Stoutsville R2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
years, months or days) 48 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Monroe

(c) City or town. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Stoutsville R. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Mary Ada Utterback

3. (b) If veteran, name war. None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife. John Thomas

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased. December 20 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 3 18 hr. min.

9. Birthplace. Monroe County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. At Home

11. Industry or business.

12. Name. William Smith

13. Birthplace. D.K. Canada
(City, town, or county) (State or foreign country)

14. Maiden name. Amelia Leeson

15. Birthplace. D.K. England
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Bealie Utterback

(b) Address. Stoutsville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 4/11/44
(Month) (Day) (Year)

(c) Place: burial or cremation. Stoutsville Cemetary

18. (a) Signature of funeral director. Nelson S. Spivey

(b) Address. Monroe City, Mo.

19. (a) 4-10-44 (Date received local registrar) (b) Maryn Chester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year. 1944 hour II minute. P. M.

21. I hereby certify that I attended the deceased from Sept. 10,
1939, to April 8, 1944;
that I last saw her alive on March 20, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Nephritis

Duration
W.K.

Due to

Due to

Other conditions. 131 R
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?, (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature. J. A. Barnett (M. D. or other) MD.

Address. Paris, Mo. Date signed. 4-11-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1374

RECEIVED

District Health Officer No. 90

District File Number 5-44-854

Date Filed MAY 4 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by As me

....., Registered Apprentice No.

working under my personal supervision.

Signed L. L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.